FAMILY CHILD CARE (FCC) PROVISIONAL CERTIFICATION RECORD **OPERATIONAL REQUIREMENTS***

| For use of this for | For use of this form, see AR 608-10, the proponent agency is DCSPER | | | | | |
|---|---|------------------------|---------------------------|---------|--|--|
| NAME | INSTALLATION | | ADDRESS | | | |
| | | | | | | |
| REGISTERED STATUS DATE | PROVISION | IAL STATUS DATE | FINAL CERTIFICATION STATU | JS DATE | | |
| | | | | | | |
| | DATE | | | DATE | | |
| ORIENTATION BRIEFING | | RIMP INSURANCE STATEME | ENT OF UNDERSTANDING | | | |
| PRE-SCREENING HOME VISIT | | VEHICLE INSURANCE DOC | UMENTATION | | | |
| PROVIDER APPLICATION (DA FORM 5919-R) | | USDA CHILD CARE FOOD P | ROGRAM APPLICATION | | | |
| MEDICAL EVALUATION | | RIMP INSURANCE PD RECE | IPT | | | |
| BACKGROUND CLEARANCES: | | | | | | |
| LOCAL RECORDS CHECK | | SCHOOL COUNSELOR (DA | FORM 5220-R) | | | |
| (1) PERSONAL REFERENCE (DA FORM 5220-R) | | DRUG AND ALCOHOL | | | | |
| (2) PERSONAL REFERENCE (DA FORM 5220-R) | | HOUSING OFFICE | | | | |
| (3) PERSONAL REFERENCE (DA FORM 5220-R) | | CENTRAL REGISTRY | | | | |
| PROVOST MARSHAL (DA FORM 5220-R) | | CRIME RECORDS CEN | TER/DCII | | | |
| SPONSOR'S COMMANDER (DA FORM 5220-R) | | OTHER | | | | |
| MINIMUM STANDARD COMPLIANCE: HOME IN | SPECTION | | | | | |
| FIRE STANDARDS (DA FORM 4841 p. 28) | | | | | | |
| SAFETY STANDARDS (DA FORM 4841 p. 29) | | | | | | |
| ADMINISTRATIVE REQUIREMENTS: | | | | | | |
| MONTHLY MENU (SAMPLE) | | | | | | |
| ACCIDENT PLAN | | | | | | |
| FIRE EVACUATION PLAN | | | | | | |
| DEVELOPMENTAL ACTIVITY PLAN (SAMPLE) SCHEDU | JLE | | | | | |
| EMERGENCY CARE BACK-UP PLAN | | | | | | |
| DISCIPLINE/TOUCH POLICY | | | | | | |
| STATEMENT OF UNDERSTANDING RE FCC REQUIRE | MENTS | | | | | |
| SPOUSE/ADULT FAMILY MEMBER APPROVAL AGREE | EMENT | | | | | |
| FCC PROVISIONAL CERTIFICATION TRAINING REQU | IREMENTS (E | DA FORM 5763-R) | | | | |
| COMMENTS: | | | | | | |
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| VALIDATION OF REQUIREMENTS COMPLETION | | | | | | |
| FCC PROVIDER'S SIGNATURE | HOME TYPE | | DATE | | | |
| | | | | | | |
| FCC DIRECTOR SIGNATURE | INSTALLATI | ON | AUTOVON | DATE | | |
| | | | | | | |

*ALL OPERATIONAL REQUIREMENTS MUST BE COMPLETED PRIOR TO THE PROVISION OF CARE

FAMILY CHILD CARE (FCC) PROVISIONAL CERTIFICATION RECORD OPERATIONAL REQUIREMENTS (CONT'D)

| OPERATIONAL REGULATION (CONT.D) | | | | | |
|--|-------------------------|---------------------------------|------|--|--|
| NAME | INSTALLATION | ADDRESS | | | |
| REGISTERED STATUS DATE | PROVISIONAL STATUS DATE | FINAL CERTIFICATION STATUS DATE | | | |
| MINIMUM STANDARD COMPLIANCE: HOME INSPECT | ONS | | DATE | | |
| (To be determined during the 5th and 6th months | | | DATE | | |
| DEVELOPMENTAL STANDARDS (DA FORM 4841-R p. 24-25) COMMENTS | | | | | |
| HEALTH STANDARDS (DA FORM 4841-R p. 26) COMMENTS | | | | | |
| FOOD/NUTRITION STANDARDS (DA FORM 4841-R p. 27) COMMENTS | | | | | |
| RECORD KEEPING AND REPORTING REQUIREMENTS (AR 608-10) COMMENTS | | | | | |
| MAINTENANCE OF FIRE AND SAFETY STANDARDS (DA FORM 4841-R p. 28-29) COMMENTS | | | | | |
| CERTIFICATION REQUIREMENTS: | | | | | |
| COMPLETION OF PROVISIONAL CERTIFICATION REQUIREMENTS (DA FORM 5762-R p. 1) | | | | | |
| COMPLETION OF PROVISIONAL CERTIFICATION TRAINING REQUIREMENTS (DA FORM 5763-R) | | | | | |
| COMPLETION OF CERTIFICATION TRAINING REQUIREMENTS (DA FORM 5763-R) | | | | | |
| COMPLETION OF CERTIFICATION REQUIREMENTS (DA FORM 5762-R) | | | | | |
| COMPLIANCE WITH FCC STANDARDS (DA FORM 5762-R p. 4) | | | | | |
| HOME VISITS (DA FORM 5762-R p. 4) | | | | | |
| SATISFACTORY PERFORMANCE OF SERVICES DURING PROVISIONAL OPERATIONAL PERIOD. (DA FORM 5762-R p. 4) | | | | | |
| SATISFACTORY ASSESSMENT WITH FCC CARAT (DA FORM 5761) | | | | | |
| COMMENTS: | | | | | |
| | | | | | |

| VALIDATION OF REQUIREMENTS COMPLETION | | | |
|---------------------------------------|--------------|---------|------|
| FCC PROVIDER'S SIGNATURE | HOME TYPE | | DATE |
| FCC DIRECTOR SIGNATURE | INSTALLATION | AUTOVON | DATE |

FAMILY CHILD CARE (FCC) PROVISIONAL CERTIFICATION RECORD OPERATIONAL REQUIREMENTS (CONT'D)

| FAMILY CHILD CARE (FCC) CERTIFICATION RECORD PERFORMANCE INDICATORS | | | | |
|---|---------|---------|------|------|
| SPECIAL ENDORSEMENT: | | | DATE | |
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| SPECIAL ENDORSEMENT: | | | DATE | |
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| SPECIAL ENDORSEMENT: | | | DATE | |
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| COMMENTS: | | | DATE | |
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| PROVIDENC CIONATURE | ADDRESS | | | DATE |
| PROVIDER'S SIGNATURE | ADDRESS | | | |
| DIRECTOR/OW SIGNATURE | TITLE | AUTOVON | | DATE |

FAMILY CHILD CARE (FCC) PROVISIONAL CERTIFICATION RECORD OPERATIONAL REQUIREMENTS (CONT'D)

| FAMILY CHILD CARE (FCC) CERTIFICATION RECORD PERFORMANCE INDICATORS | | | | | |
|---|-------------|--------------|-----------------|------|--|
| NAME | ADDRESS | TELEPHONE NU | ELEPHONE NUMBER | | |
| HOME TYPE | NSTALLATION | STATUS | | | |
| CHILD ABUSE RISK ASSESSMENT TOOL (Summary | ·): | | DATE | | |
| | | | | | |
| ENVIRONMENTAL RATING SCALE (Summary): | | | DATE | | |
| | | | | | |
| PARENTAL COMMENTS: | | | DATE | | |
| | | | | | |
| COMPLIANCE VIOLATIONS/CONCERNS: | | | DATE | | |
| | | | | | |
| GENERAL ASSESSMENT: | | | DATE | | |
| <u> </u> | | | | | |
| PROVIDER'S SIGNATURE | ADDRESS | | | DATE | |
| DIRECTOR/OW SIGNATURE | TITLE | AUTOVON | | DATE | |

FAMILY CHILD CARE *(FCC)* PROVISIONAL CERTIFICATION RECORD OPERATIONAL REQUIREMENTS *(CONT'D)*

| FAMILY CHILD CARE (FCC) CER | TIFICATION RECORD PERFORMANCE IN | NDICATORS (| CONT'D) | |
|-----------------------------|----------------------------------|-------------|---------|------|
| HOME VISIT | | | DATE | |
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| HOME VISIT | | | DATE | |
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| PROVIDER'S SIGNATURE | ADDRESS | | | DATE |
| DIRECTOR/OW SIGNATURE | TITLE | AUTOVON | | DATE |